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Conditions, if any, which gase rise to above causer (a), stating the under-lying Cause of the un		PART I. DEATH WAS CAUSED BY: Doon ing + Oncy Po 1 11 mg									
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20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a. m., p. m. 20d. INJURY OCCURRED WHILE AT NOT WHILE Jarm, factory, street, office bidg., etc.) 21. I attended the deceased from Death occurred at 10:30Aon Month and ate stated above; and to the best of my knowledge, from the causes ata 22a. SIGNATURE (Degree or tille) 8 22b. ADDRESS 22c. DATE SIGN 23d. BURIAL CREMATION. 23b. DATE 23c. NAME/OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) 24. SUMERAL DIRECTOR ADDRESS ADDRES	2	PART II, OTH	ER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART I(a)	<i>,</i> '	PERFORMED?	,
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Stallace Tuneral Nome. Lulton on June. 19-1957 Maretta Lawrence	-	<u> </u>							TIPE A	MO.	_
(Licensed Embalmer's Statement on Reverse Side)	Thal	lawi	tuneral Non	w. Zulton	me Jun	16 HECD, BY LOCAL RI 14 - 19 - 19 5	7 ma	utta	Law	rence	I
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STATEMENT BY LICENSED EMBALMER

I he	reby certify	that the bod	y whose na	me is re	corded on	the reverse	side of	this cert	ificate	was e
by me, or	r by						Stude	ent Embal	mer No	D
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working under my personal supervision..

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.